

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10/332808</i>	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				51	
2	1	1				52	
3	2	2				53	
4	2	2				54	
5	2	2				55	
6	2	2				56	
7	2	2				57	
8	2	2				58	
9	2	2				59	
10	2	2				60	
11	2	2				61	
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13	2	2				63	
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46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	1	1	1	1	1	TOTAL IND.	
TOTAL DEP.	23	23	23	23	23	TOTAL DEP.	
TOTAL CLAIMS	24	24	24	24	24	TOTAL CLAIMS	

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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